

Enter Correct
Information
Concerning Person
Whose Birth Record
is Being Amended

REGISTRANT'S FULL NAME AT BIRTH

GEORGE L EDWARDS

STATE FILE OR BIRTH NUMBER

139-15-018179

BIRTH DATE
Month Day Year
JUNE 25 1915BIRTH PLACE
City or Town
BAMBERG, SOUTH CAROLINACounty State
BAMBERG, SOUTH CAROLINAITEMS
TO BE
AMENDED
OR
CORRECTED

ITEM OMITTED OR IN ERROR

BIRTH CERTIFICATE SHOWS

SHOULD BE

CHILD'S GIVEN NAME

OMITTED

GEORGE L EDWARDS

AFFIDAVIT

I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.
SIGNATURE OF PARENT
(OR OTHER)

RELATIONSHIP

SELF

NOTARY
(AFFIX SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME ON

SIGNATURE OF NOTARY

NOTARY COMMISSION EXPIRES

AFFIDAVIT

I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.
SIGNATURE OF PARENT
(OR OTHER)

RELATIONSHIP

NOTARY
(AFFIX SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME ON

SIGNATURE OF NOTARY

NOTARY COMMISSION EXPIRES

ABSTRACT
of
Supporting
Evidence
(for health
dept. use)

DO NOT WRITE BELOW THIS LINE

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)

DATE ORIGINAL DOCUMENT
WAS MADE

1 NY STATE DRIVER'S LICENSE RECORD 482536959394289-15 NEW YORK, NY

11/22/1976

2

3

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE.

1 GEORGE L. EDWARDS DATE OF BIRTH 06/25/1915

2

3

ADDITIONAL INFORMATION

I certify that I have examined the documents
referred to above, that they show no changes
or erasures, and appear to be authentic.

REGISTRAR

EVIDENCE REVIEWED BY

DATE FILED